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FIRST PRESENTATION OF LINETIFLE DEPENDENT CLAIM (37 CFR L.16(4))

ENDM

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If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 57 CFR 1.16. This information is required to obtain or retain a benefit by the public which is to the fand by the budding gathering, preparing, and submitting the completed application form to the USPTO. The will somewhat it is sufficient to the fand by the amount of time you require to complete this form end/or suppositions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Committee, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS STO THIS

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OR OR

. If you need assistence in completing the form, cell 1-800-PTO-9199 and select option 2

TOTAL ADO'L FEE